

CITY OF TUCSON

OFFICE OF THE CITY CLERK

CAMPAIGN FINANCE ADMINISTRATION REPORT RECEIPT



Primary Election – August 25, 2015 General Election - November 3, 2015

or _		een Party of Pima County me of Political Committee)	1 - 1 - 1 - 1 - 1	. 6 .1 .00
or	(Nar	me of Candidate, when applicable)	who is a candida	ite for the office
of				90-094-CT
		0.		
		CANDIDATE \$500 THRESHOLI for		r
		(Name of Candidate)		
		who is a Candidate for the Office of		
		Political Party	ID#	
		Political Committee Statement of Organization #		☐ Original or☐ Amended
		Request for Public Matching Funds Contract	t#(PMF C	
CAMP	AIG	EN FINANCE REPORT:		
	a.	Statement Establishing Eligibility – PMF Candidat	tes Only	5 C
	b.	Consolidated City/State Campaign Finance Report (Filed on or before February 2, 2015	30 - 3
	c.	Consolidated City/State Campaign Finance Report (Filed on or before June 30, 2015)	OF LECEN
	d.	Consolidated City/State Pre – Primary Report (Filed	l on or before August 21, 2015)	29 MON SON
	e.	City Post – Primary Report (Filed on or before Septe	ember 4, 2015) – PMF Candidates	Only
	f.	State Post – Primary Election Report (Filed on or be	efore September 24, 2015)	
<u>(3)</u>	g.	Consolidated City/State Pre – General Election Rep	ort (Filed on or before October 30,	2015)
	h.	City Post – General Election Report (Filed on or bef	Fore November 13, 2015) – PMF Ca	ndidates Only
	i.	State Post – General Election Report (Filed on or be	efore December 3, 2015)	
	j.	Termination Statement (Filed on or before March 2, must include Final report if not previously filed		
	Pol	litical Committee No Activity Statement (Report date	e of:)
	Ot1	her		

E-Mail Address

POLITICAL COMMITTEE STATE OF ARIZONA CAMPAIGN FINANCE REPORT

For Office Use Only

CITY OF TUCSON

CITY OF TUCSON RECEIVED

15 OCT 29 A10:43

1.	Green Par Full Name of Committee	45 6	of Pilma	Conty
	P. O. Box	60	14	
	City City	AZ	25703 Zip Code	(550) 798-6169 Phone Number

City Zip Code Phone Number

2. Sponsoring Organization and Office

OFFICE OF THE CITY CLERK

Name of Candidate and Office Sought (if applicable)

Fax #

4. **REPORTING PERIOD** (Please check appropriate box) FILING DEADLINE ☐ January 31 Report – For Period of November 26, 2013 through December 31, 2014*February 2, 2015 ☐ June 30 Report — For Period of ☐ Pre-Primary Election Report — For Period of ☐ Post-Primary Election Report — For Period of Pre-General Election Report — For Period of ☐ Post-General Election Report — For Period of ☐ January 31, 2017 Report — For Period of

5. SUMMARY	Column A Total This Reporting Period	Column B Election Period To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		\$ 2,383,40
5b Cash on Hand at Beginning of this Reporting Period	\$ 2,8383.40	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 408.51	\$ 428.51
5d Subtotal (add Lines [b] and [c] for Column A and add lines [a] and [c] for Column B)	\$2,811.91	\$2,811.91
6a Total Debts and Obligations from Previous Campaign Committee at beginning of the Election Period (or at time Statement of Organization was filed for the new committee) (Do not add or subtract this line from the other lines)		
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$ 355,71	\$ 355.71
7. Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d - Column A must equal Column B)	\$ 2,45620	16,224,6¢

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	Contraction of the			
1. Committee Name Cover Party of Pina Couly	3. 10	D# 90- ()ay	- CT
	215	27-115		
RECEIPTS		COLUMN A THIS PERIOD		OLUMN B PAIGN TO DATE
4. Contributions other than loans and in-kind:	ı		1	
(a) Individuals - more than \$50 (Total from Schedule A)	4	45,00	\$_	45.00
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1) (c) Political Committees (Total from Schedule B)	\$	69,00	\$	69,00
(d) Subtotal Contributions [add 4(a), 4(b) and 4(c)]				
(e) Refund of Contributions (Total from Schedule F-2)				
(f) Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]				
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)				
(b) All other loans (Total from Schedule C-1)			***************************************	*
(c) Total loans [add 5(a) and 5(b)]				Frequencial
6. In-kind contributions (Total from Schedule E)	\$	313,99	4	313,99
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	\$	0.52	\$	0,52
8. TOTAL Receipts [add 4(f), 5(c), 6, and 7]	\$	428'21	\$	428.51
DISBURSEMENTS				
9. Expenditures for Operating Expenses (Total from Schedule D)	\$	41,72	\$	41,72
10. Independent Expenditures (Total from Schedule D-1)			12	
11. Value of In-kind expenditures (Total from Schedule E)	\$	373,99	\$	313,99
12. Loans made by reporting committee (Total from Schedule D-2)			,	
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)				
(b) Repayment of all other loans (Total from Schedule D-5)				
(c) Total Loan Repayments [add 13(a) and 13(b)]				n de montante
14. Transfers to other political committees (Total from Schedule D-6)				
15. Any other disbursement (Total from Schedule D-7)				
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]				
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)				
18. TOTAL disbursements [subtract line 17 from line 16]	\$	355.71	\$	355,71
19.Total Outstanding Debts owed by Reporting Candidate or Political Comm. (Schedule F-3)				
 I certify, under penalty of perjury, that I have examined the contents of this campaign finar knowledge and belief it is true and complete. 	nce re	port and to the b	est of	my
Type or Print Name of Treasurer Michael E. Cease Caction	29	Treasu	rer	->
		***************************************	.	and the state of t
Signature of Treasurer or Candidate or Designating Individual:			Date	an 115

CONTRIBUTIONS FROM INDIVIDUALS* (More than \$50)*

1.	Committee Name Green Party at Pina C	ounty	3. ID# 90-	094-CT
2.	A - 1 - 1	thru (6 2	00/15	
4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	LAST FIRST MI Adger Steven	09/30/15	\$ 5,00	- N
	CITY STATE ZIP			
	TUCSON AZ 85719 OCCUPATION EMPLOYER NOT SPECIFIED			\$ 5.00
b.	LAST FIRST MI	09/30/15	\$ 10,00	2 - 100
	STREET ADDRESS CITY STATE STATE ZIP		,	x *
	OCCUPATION EMPLOYER			\$ 10,00
c.	Student not specified LAST FIRST MI Pitts June	09/30/13	\$ 10,00	\$ 10,00
	STREET ADDRESS 6726 E. COOPER St.		•	
	tucson AZ 85710	ě		
d.	Course lar EMPLOYER LAST_ FIRST MI	Ma I-		\$ 10,00
	Porello tess	04/30/13	\$ b.00	
	CITY Green Valley AZ 85614			10 5
	occupation EMPLOYER Not Specified		-	\$ 1000
e.	LAST FIRST MI	09/30/15	\$ 10,00	,
	STREET ADDRESS) 3425 W. Avenida Sonba CITY STATE ZIP	-		
	TUCSON AZ 85746 OCCUPATION EMPLOYER	Ŧ		4 17 0
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed			\$ 10.00
	Summary Page line 4(a), Column A] *If contributions of \$50 or less are listed with contributor's name, address, occur	upation and employe	st 45,00 er on Schedule A,	
	do not include them on Schedule A-1.		w/	

REV 4/12

CONTRIBUTIONS of \$50 or Less - AGGREGATE TOTAL* SCHEDULE A-1

1.	Committee Name	Green	Party	24	Pina	Canty	3.	ID#	90-0	77-4PC	
2.	Report Covering Pe	riod from (09/15/	15		thru	(6)	(25	115		

Aggregate Total of Contributions of \$50 or Less

Description	Amount Received This Period		Cumulative Total This Campaign To Date
Meeting aggregate	\$69.00		
Meeting aggregate September Meeting			,
v.			
1	¥ ¹		
8 2 W		3	
		*	
*		*	×
	2		
5. TOTAL THIS PERIOD		6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
[Transfer total to Detailed Summary Page, Line 4 (b), Column AJ	\$10m		\$ 69.00

^{*}If contributions of \$50 or less are listed with contributors name and address on Schedule A, do not include them on this schedule.

EXPENDITURES FOR OPERATING EXPENSES* SCHEDULE D Committee Name Green Party of Pina Courty 2. ID# 90 - 094- CT Report Covering Period from: 3. **EXPENDITURES** 4. DATE **AMOUNT EXPENDITURE** OF THE NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE MADE **EXPENDITURE** NAME, ADDRESS, CITY, STATE AND ZIP a. 09 68 113 PayPal Www. Paypalicom DESCRIPTION OF ITEMS OR SERVICES PURCHASED CHECK# Electronic Merchant account
NAME, ADDRESS, CITY, STATE AND ZIP 2,80 debit 10/13/15 CHECK# electronic telephone ansisuc, 4P.G1 de bit NAME, ADDRESS, CITY, STATE AND ZIP

MILE CEASE

2540 E. 8+6 St.

TUCS 6 , AZ 85716 10/05/15 DESCRIPTION OF ITEMS OR SERVICES PURCHASED CHECK# re-imbursement - Printing (stomps (CC) 212 NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED CHECK# NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED CHECK#

DESCRIPTION OF ITEMS OR SERVICES PURCHASED

CHECK #

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit.

[If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A]

NAME, ADDRESS, CITY, STATE AND ZIP

1.	Committee Name Green	Tarts of Pin	na Cond	\\ \	2. ID# 90-0	74-	-CT
3.	Report Covering Period from:	59 (15/13	thru				_
4.		BUTIONS AND EXPEN DIVIDUAL (OR NAME, ADDRE FROM WHOM RECEIVED OR	SS AND	V	DATE		FAIR MARKET VALUE
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	A	CONTRIBUTION		09/30/15		
L	DESCRIPTION OFFICE Storage 9 OCCUPATION NOT Speciation					\$ 1	285,00
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Mite Cease 2540 E, 8+1 St. Tucson, AZ 85971	<u>C</u>	CONTRIBUTION		09/30/15		
		employer Dartabase (Onsul	Hing Cu	2) &		\$	1900
C.	Ariel Fry OLG E. Johnst. TUGON, AZ 85		CONTRIBUTION		09 (30/15		
	DESCRIPTION MEETUDICON OCCUPATION Student	Subscript EMPLOYER	· '0~			\$	9,99
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		CONTRIBUTION				
	DESCRIPTION OCCUPATION	EMPLOYER				218	
5.	ENTER TOTAL OF IN-KIND CONTRIBUT			EE		\$ -	313,99
6.	ENTER TOTAL OF IN-KIND EXPENDITU			E		\$	313,99

1.	Committee Name Green Party of Pina County	2. ID#96-094-CT
3.	Report Covering Period from: 09/15/15 thru 6	(22/15

4.	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID#	DATE RECEIVED	AMOUNT OF THE RECEIPT		
	OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		-		
	NAME, ADDRESS, CITY, STATE, ZIP AND ID# H.F.C.L. P.O. BOY 1900 TUCSON AZ 85734 DESCRIPTION OF RECEIPT Pludends	10/01/15	\$ 0.52		
h					
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT				
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
i.					
	DESCRIPTION OF RECEIPT		¥		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
8	DESCRIPTION OF RECEIPT				
Α.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
C.	NAME, ADDRESS, OTT, STATE, ZIF AND ID#				
	DESCRIPTION OF RECEIPT				
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	-			
	DESCRIPTION OF RECEIPT				
	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]		\$6.52		